

**Registry of Charitable Trusts**  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

<http://ag.ca.gov/charities/>

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



State Charity Registration Number 12118 12118  
Animal Advocates Society for Prevention  
 Name of Organization  
645 W. 9th St. #110-140  
 Address (Number and Street)  
Los Angeles CA 90015  
 City or Town, State and ZIP Code

Check if:  
☒ Change of address  
☐ Amended report

FEB 25 2009

Corporate or Organization No. C2512217  
 Federal Employer I.D. No. \_\_\_\_\_

Attorney General's Office  
 Registry of Charitable Trusts

<u>Gross Annual Revenue</u>	<u>Fee</u>	<u>Gross Annual Revenue</u>	<u>Fee</u>	<u>Gross Annual Revenue</u>	<u>Fee</u>
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

For your most recent full accounting period (beginning 01/01/08 ending 12/31/08) list:

Gross annual revenue \$ 800 Total assets \$ 2,000

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property, funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? <i>we filed our 990's</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number (310) 877-4770

Organization's e-mail address ~~mm~~mmmaryinla@aol.com

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Mary Cummins      Mary Cummins      Pres.      2-18-09  
Signature of authorized officer      (Printed Name)      Title      Date